



Hand Therapy Fellowship Application

Malcom Randall VAMC, Gainesville, FL.

Name: _____

Last

First

M.I.

Address: _____

City

State

Zip

Phone: _____ Email: _____

Education: (please list each school)

Name	Address	Honors	Dates Attended		Degree Earned

Internships: (please list only Level II internships and specialties)

Name	Address	Honors	Dates Attended		Degree Earned

Certifications: (Please include additional sheets if needed)

1.	Certification/Membership	Number	Date Attained
2.	Certification/Membership	Number	Date Attained

Employment History: (Please include additional sheets if needed)

Employer	Address	Duration (yrs/mos)	Primary Pt. Population	Supervisor

Continuing Education: (please include any continuing education you have completed that is relevant to the specialty of hand and upper extremity therapy)

Letters of Recommendation: Please include no less than 2 letters of recommendation. We would prefer letters from professional associates that can speak to your academic, professional and personal attributes.

Briefly answer the following questions: (Please include additional sheets if needed)

Why did you choose Occupational Therapy as a career?
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Describe your professional goals 5 years from now.

How did you become interested in the practice of hand therapy?

How do you believe a hand fellowship would help you achieve your goals?

What past experiences have you had that would contribute to this being a successful fellowship for you?

How did you hear about our Fellowship Program?

Application Checklist:

- ☐ Letters of Recommendation (attached)
- ☐ Transcript from accredited Occupational Therapy graduate program (attached)

By submitting this application you are certifying that you are:

- A graduate of an occupational therapy educational program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE), and
- Licensed, or be eligible for licensure, in the state(s) or jurisdiction(s) in which the program is offered.

I certify that my statements in this application are true and complete to the best of my knowledge. I understand that any misrepresentation or omission regarding the qualifications for this fellowship may be sufficient reason for refusal of this application or dismissal from the program.

Signature:_____ Date:_____